

Durango Interagency Dispatch Incident Organizer



Incident Name	
Incident Number	
Initial Location	
Date	
Time	
Command Freq.	
Tactical Freq.	
Air to Ground Freq.	
Air to Air Freq. (as needed)	

P#/Fire Code #	
District/Unit	
Report Completion Date	

Incident Commander(s)	Type	Time	Date

Management Check	Yes	No
After action review (AAR) by Agency Administrator, Fire Program Manager, or Safety Program Manager		

/Signatures/			
IC:		Date	
FMO/AFMO:		Date	

Durango Interagency Dispatch

Phone - 970-385-1324

Fax - 970-385-1386

Address - 15 Burnett Court, Durango, CO 81301

Initial Fire Size-Up

Fire Name:				IC Name:	
Fire #:				IAR#	
Estimated Size (acres):				Ownership:	
Location	Geog.	Lat.		Long.	
	Legal	Tn.	Rg.	Se.	
Descriptive Location:					
Elevation		_____ Ft			
Apparent Cause		<input type="checkbox"/> Natural <input type="checkbox"/> Human <input type="checkbox"/> Undetermined			
Are structures threatened?		<input type="checkbox"/> No <input type="checkbox"/> Yes (specify)			
Any other values threatened?		<input type="checkbox"/> No <input type="checkbox"/> Yes (specify)			
Hazards:					
Complexity		<input type="checkbox"/> Type III <input type="checkbox"/> Type IV <input type="checkbox"/> Type V			
Spread Potential		<input type="checkbox"/> 1. Low <input type="checkbox"/> 2. Moderate <input type="checkbox"/> 3. High <input type="checkbox"/> 4. Extreme			
Fire Behavior		<input type="checkbox"/> 1. Smoldering <input type="checkbox"/> 3. Running <input type="checkbox"/> 5. Torching <input type="checkbox"/> 7. Erratic <input type="checkbox"/> 2. Creeping <input type="checkbox"/> 4. Spotting <input type="checkbox"/> 6. Crowning			
Flame Length		_____ Feet			
Slope at origin		<input type="checkbox"/> 1. 0-25% <input type="checkbox"/> 2. 26-40% <input type="checkbox"/> 3. 41-55% <input type="checkbox"/> 4. 56-75% <input type="checkbox"/> 5. 76+%			
Aspect		<input type="checkbox"/> 0. Flat <input type="checkbox"/> 2. NE <input type="checkbox"/> 4. SE <input type="checkbox"/> 6. SW <input type="checkbox"/> 8. NW <input type="checkbox"/> 1. N <input type="checkbox"/> 3. E <input type="checkbox"/> 5. S <input type="checkbox"/> 7. W <input type="checkbox"/> 9. Ridge Top			
Position on Slope		<input type="checkbox"/> 1. Ridge Top <input type="checkbox"/> 4. Middle 1/3 of slope <input type="checkbox"/> 7. Valley Bottom <input type="checkbox"/> 2. Saddle <input type="checkbox"/> 5. Lower 1/3 of slope <input type="checkbox"/> 8. Mesa/Plateau <input type="checkbox"/> 3. Upper 1/3 of slope <input type="checkbox"/> 6. Canyon Bottom <input type="checkbox"/> 9. Flat/Rolling			
Fuel Type		<input type="checkbox"/> Grass <input type="checkbox"/> Sagebrush <input type="checkbox"/> Ponderosa Pine <input type="checkbox"/> Grass/Brush <input type="checkbox"/> Pinõn-Juniper <input type="checkbox"/> Spruce/Fir <input type="checkbox"/> Oak Brush <input type="checkbox"/> Riparian/Tamarisk <input type="checkbox"/> Slash <input type="checkbox"/> Aspen <input type="checkbox"/> Other (specify) _____			
Current Weather Conditions:					
Wind Speed (mph):			Gusts (mph):		
Wind Direction		<input type="checkbox"/> 0. Calm <input type="checkbox"/> 2. NE <input type="checkbox"/> 4. SE <input type="checkbox"/> 6. SW <input type="checkbox"/> 8. NW <input type="checkbox"/> 1. N <input type="checkbox"/> 3. E <input type="checkbox"/> 5. S <input type="checkbox"/> 7. W <input type="checkbox"/> 9. Erratic			
Resistance to Control:		<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme			
Additional resources needed?		<input type="checkbox"/> No <input type="checkbox"/> Yes (specify)			
Estimated Contain:		Date		Time	
Estimated Control:		Date		Time	
Best Access:					
Staging Area:					
LCES in Place (Refer to IRPG) <input type="checkbox"/> No <input type="checkbox"/> Yes					

Incident Complexity Analysis (Type 3, 4, 5)

Fire Behavior	Yes*	No
Fuels extremely dry and susceptible to long-range spotting or you are currently experiencing extreme fire behavior		
Weather forecast indicating no significant relief or worsening conditions		
Current or predicted fire behavior dictates indirect control strategy with large amounts of fuel within planned perimeter		
Firefighter Safety		
Performance of firefighting resources affected by cumulative fatigue		
Overhead overextended mentally and/or physically		
Communication ineffective with tactical resources or dispatch		
Organization		
Operations are at the limit of span of control		
Incident action plans, briefings, etc. missing or poorly prepared		
Variety of specialized operations, support personnel or equipment		
Unable to properly staff air operations		
Limited local resources available for initial attack		
Heavy commitment of local resources to logistical support		
Existing forces worked 24 hours without success		
Resources unfamiliar with local conditions and tactics		
Values to be protected		
Urban interface; structures, developments, recreational facilities, or potential for evacuation		
Fire burning or threatening more than one jurisdiction and potential for unified command with different or conflicting management objectives		
Unique natural resources, special-designation areas, critical municipal watershed, T&E species habitat, cultural value sites		
Sensitive political concerns, media involvement, or controversial fire policy		

***If you have checked "Yes" on 3 or more of the boxes, consider requesting the next level of incident management support**

Type 5 Characteristics

(1) C&G Staff positions are not activated. (2) Resources vary from one to five firefighters. (3) Incident is normally contained rapidly during IA. (4) A written action plan is not required.

Type 4 Characteristics

(1) C&G positions are not activated (2) Resources vary from single firefighter to several single resources or a single Task Force or Strike Team. (3) Incident is limited to one operational period in the control phase. Mop-up may extend into multiple periods. (4) A written plan is not required

Type 3 Characteristics

(1) Some of the C&G Staff may be activated, as well as Division Group Supervisor and Unit leaders. (2) Resources vary from several single resources to several TFLD's/STLD's. (3) Incident may be separated into several divisions, but usually does not meet the DIVS level for span of control. (4) May involve several burning periods prior to control, which requires a written IAP.

Final Fire Report

Fire Number:		USDA:		DOI:	
Descriptive Location:					
Discovery Date (mm/dd/yyyy):		Time:		<input type="checkbox"/> Estimated <input type="checkbox"/> Actual	
Initial Action Date (mm/dd/yyyy):		Time:		<input type="checkbox"/> Estimated <input type="checkbox"/> Actual	
Contain Date (mm/dd/yyyy):		Time:		Acres:	
Control (mm/dd/yyyy):		Time:		Acres:	
Out Date (mm/dd/yyyy):		Time:		Acres:	
Location	Geog.	Lat.		Long.	
	UTM	E.		N.	
	Legal	Tn.	Rg.	Se.	
Elevation (ft):		Slope (%):		County:	
Reported by:	<input type="checkbox"/> 1. FS Lookout <input type="checkbox"/> 2. Other Lookout <input type="checkbox"/> 3. FS Patrol <input type="checkbox"/> 4. Other FS Employee <input type="checkbox"/> 5. Contractor <input type="checkbox"/> 6. FS Permittee <input type="checkbox"/> 7. FS Aircraft <input type="checkbox"/> 8. Other Aircraft <input type="checkbox"/> 9. Infrared <input type="checkbox"/> 10. Other				
Statistical Cause:	<input type="checkbox"/> 1. Lightning <input type="checkbox"/> 2. Equipment use <input type="checkbox"/> 3. Smoking <input type="checkbox"/> 4. Campfire <input type="checkbox"/> 5. Debris burning <input type="checkbox"/> 6. Railroad <input type="checkbox"/> 7. Arson <input type="checkbox"/> 8. Children <input type="checkbox"/> 9. Misc. (specify)				
General Cause	<input type="checkbox"/> 1. Timber Harvest <input type="checkbox"/> 2. Other Harvest <input type="checkbox"/> 3. Forest/Range mgt. act. <input type="checkbox"/> 4. Highway <input type="checkbox"/> 5. Power Reclam. <input type="checkbox"/> 6. Hunting <input type="checkbox"/> 7. Fishing <input type="checkbox"/> 8. Other Rec <input type="checkbox"/> 9. Resident <input type="checkbox"/> 10. Other				
Specific Cause	<input type="checkbox"/> 1. Lightning <input type="checkbox"/> 2. Aircraft <input type="checkbox"/> 3. Vehicle Burn <input type="checkbox"/> 4. Exhaust-Power Saw <input type="checkbox"/> 5. Exhaust - Other <input type="checkbox"/> 6. Logging <input type="checkbox"/> 7. Brakes <input type="checkbox"/> 8. Cook Fire <input type="checkbox"/> 9. Warming Fire <input type="checkbox"/> 10. Smoking <input type="checkbox"/> 11. Trash Burn <input type="checkbox"/> 12. Burn Dump <input type="checkbox"/> 13. Field Burn <input type="checkbox"/> 14. Land Clearing <input type="checkbox"/> 15. Slash Burn <input type="checkbox"/> 16. Right of Way-Burn <input type="checkbox"/> 17. Resource Mgt. Burn <input type="checkbox"/> 18. Grudge Fire <input type="checkbox"/> 19. Pyromania <input type="checkbox"/> 20. Smoke Out Bees/Game <input type="checkbox"/> 21. Insect/Snake Control <input type="checkbox"/> 22. Job Fire <input type="checkbox"/> 23. Blasting <input type="checkbox"/> 24. Burning Building <input type="checkbox"/> 25. Power line <input type="checkbox"/> 26. Fireworks <input type="checkbox"/> 27. Play w/ matches <input type="checkbox"/> 28. Repel predators <input type="checkbox"/> 29. Stove Fuel <input type="checkbox"/> 30. Other				
Class of People	<input type="checkbox"/> 1. Owner <input type="checkbox"/> 2. Permittee <input type="checkbox"/> 3. Contractor <input type="checkbox"/> 4. Public Employee <input type="checkbox"/> 5. Local Permanent <input type="checkbox"/> 6. Seasonal <input type="checkbox"/> 7. Transient <input type="checkbox"/> 8. Other <input type="checkbox"/> 9. Visitor <input type="checkbox"/> 0. Not person caused				
NFFL Fuel Model		<input type="checkbox"/> 1. Short Grass (1 ft) <input type="checkbox"/> 2. Timber w/ Grass Understory <input type="checkbox"/> 3. Tall Grass (3 ft) <input type="checkbox"/> 4. Chaparral (6 ft) <input type="checkbox"/> 5. Brush (2 ft) <input type="checkbox"/> 6. Pinön-Juniper <input type="checkbox"/> 7. Southern Rough <input type="checkbox"/> 8. Closed Timber Litter <input type="checkbox"/> 9. Hardwood Litter <input type="checkbox"/> 10. Timber (litter & understory) <input type="checkbox"/> 11. Light Logging Slash <input type="checkbox"/> 12. Medium Logging Slash <input type="checkbox"/> 13. Heavy Logging Slash			
NFD RS Fuel Model		<input type="checkbox"/> A Annual Grasses <input type="checkbox"/> C Ponderosa Pine <input type="checkbox"/> F Oak Brush <input type="checkbox"/> H Conifer Little Understory <input type="checkbox"/> G Pinön-Juniper <input type="checkbox"/> O Dense Tamarisk, Salt Cedar <input type="checkbox"/> T Sagebrush/Grass <input type="checkbox"/> U Other Conifer			
Wx Station	<input type="checkbox"/> Salter (FS - 055205) <input type="checkbox"/> Devil Mt. (FS - 055901) <input type="checkbox"/> Morefield (NPS - 055706) <input type="checkbox"/> Chapin (NPS - 055704) <input type="checkbox"/> Mockingbird (BLM - 055710) <input type="checkbox"/> Sandoval Mea (BIA - 055902) <input type="checkbox"/> Mesa Mt. (BIA - 055805)				

Incident Commander SOP Checklist

- ☐ Verify all frequencies assigned and all units responding to the fire.
- ☐ Name the fire and obtain a fire number from DRC. Use the closest geographical reference and keep it short.
- ☐ Flag the route to the fire. Start from major roads and clearly flag each turn on both sides of the road.
- ☐ Designate a briefing and staging area. All resources will be checked in and briefed.
- ☐ Post lookouts, ensure communications work and identify escape routes and safety zones.
- ☐ Coordinate with local fire departments to account for all resources, regardless of agency affiliation. Contact on FERN 154.280 Tx/Rx
- ☐ Ensure an Interagency Cost Share Agreement has been completed as per agency guidelines for multi-jurisdictional incidents.
- ☐ Complete the Initial Size-Up and relay this information to DRC on the radio.
- ☐ Complete the Incident Complexity Analysis. Ensure the proper management is in place or is ordered.
- ☐ Develop objectives for your incident. Use strategies and tactics that are safe and achieve the objectives. All type 3 fires require a written IAP. Incident objectives should be consistent with the Land Use Plan resource objectives.
- ☐ When the fire is suspected to be human caused, complete the Fire Cause Determination Report and order a Fire Investigator
- ☐ Determine ownership. If unclear, relay Lat/Long DDMSS (WGS84) to DRC. GPS the fire perimeter and submit to Durango Dispatch.
- ☐ Establish a unified command when appropriate. Ensure DRC and all resources on the fire know who is in command.
- ☐ Order the necessary and appropriate operation resources through DRC. Plan for the operational resources needed to control the fire.
- ☐ Ensure all contract resources are inspected through DRC prior to obtaining an assignment.
- ☐ Contact DRC to coordinate with county dispatch centers for EMS and local law enforcement issue.
- ☐ Complete the Spot Weather Forecast Request and relay this information to DRC on all fires that will not be controlled in the current burn period of if there is a Red Flag Warning or Fire Weather Watch.
- ☐ Notify DRC if dispatch will need to extend staffing.
- ☐ Submit a completed Intelligence Summary (ICS-209) to DRC by 1600 for all action fires in timber over 100 acres and in grass or brush over 300 acres. Submit daily 209 updates until fire is controlled -- then submit a final 209
- ☐ Logistic Orders (ie. meals, beverages, and other supplies) must be submitted by 1000 to receive meals that same day and by 1600 to receive meals and supplies the next morning.
- ☐ Facilitate incident AARs after each operational period. Document a final incident AAR after the fire is controlled.
- ☐ Complete all appropriate CTRs, shift tickets, and evaluations for all off unit resources prior to their demobilization.
- ☐ Keep DRC informed on changes in conditions/personnel hourly or as needs arise.
- ☐ Demobilize resources according to driving limits and work/rest issues. Coordinate with duty officer for competitive resources.
- ☐ Complete the Final Fire Report Data form in the Incident Organizer when the fire is declared out.

INCIDENT ACTION PLAN	Incident Name		Number		Date Prepared		Time Prepared	
	Operational Period			Date:		Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night		
*Objectives for the Incident								
1.	SAFETY to firefighters and general public for the duration of the incident.							
2.								
3.								
4.								
5.								
Weather Forecast for Operational Period								
Burn Period	Sky Cover	Temperature		RH	Wind	<input type="checkbox"/> EYE- LEVEL <input type="checkbox"/> 20- FOOT	Haines Index	LAL
General/Safety Message								
Medical Plan								
Hospital & Aid Stations								
Name	Location	Travel Time		Phone	Helipad		Burn Center	
		Air	Ground		Yes	No	Yes	No
Medical Emergency Procedures								
Major Medical Issues: Notify IC, who will initiate medical evacuation								
Minor Medical Issues: Notify immediate Line Supervisor on appropriate tactical frequency; initiate appropriate first aid procedures								

[illegible]

Fire Cause Determination Report

FIRE NAME:

DATE (mm/dd/yyyy)

FIRE #

REPORT COMPLETED BY

LAND STATUS AT ORIGIN (UTM) Zone _____ N _____ E

Sequence of Events	Date	Time	List Name & Agency
Estimated Time of Origin	_____	BY	_____
Reported	_____	BY	TO
First on Scene	_____	WHO?	_____
Origin Protected, Begin	_____	BY	_____
Search, Begin	_____	BY	_____
Origin Released	_____	BY	TO

ORIGIN DETERMINATION

Size of area searched	x	Perimeter search done?
		() Yes () No
Origin determined by	() Burn Pattern () Witness () Other (describe) () Not Found	

Fire Cause:

<input type="checkbox"/> 1. Lightning	<input type="checkbox"/> 2. Equipment use	<input type="checkbox"/> 3. Smoking	<input type="checkbox"/> 4. Campfire	<input type="checkbox"/> 5. Debris burning
<input type="checkbox"/> 6. Railroad	<input type="checkbox"/> 7. Arson	<input type="checkbox"/> 8. Children	<input type="checkbox"/> 9. Other (specify)	

Criteria for LEO Dispatch

1) Are there witnesses? () Yes () No Name or Describe:

(phone #/address/other)

2) Are there suspects? () Yes () No Name or Describe:

(phone #/address/other)

3) Any vehicles? () Yes () No Describe:

License # _____ State _____ Color _____ Make _____
Model _____


4) Suspect Arson? () Yes () No Describe:

5) Any Evidence? () Yes () No Describe:

Does evidence need to be collected? () Yes () No

Photographs Taken? () Yes (use photo log) () No

Not to Scale



Indicate North	Create Legend

Weather Upon Arrival					
Time	Dry Bulb	Wet Bulb	RH	Wind Direction	Wind Speed

[illegible]

Spot Weather Request									
Time			Date				Incident Name		
Requesting Agency					Requesting Official				
Contact Person					Fax #			Phone #	
Incident	Date:				Elev. (ft)	Top:			
	Time:					Bottom:			
Lat/Long:						Drainage:			
Aspect:			Sheltering: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Unsheltered						
Fuel Type: <input type="checkbox"/> Grass <input type="checkbox"/> Brush <input type="checkbox"/> Timber <input type="checkbox"/> Slash <input type="checkbox"/> Timber w/ Grass									
Fuel Model: <input type="checkbox"/> 1, 2, 3 <input type="checkbox"/> 4, 5, 6, 7 <input type="checkbox"/> 8, 9, 10 <input type="checkbox"/> 11, 12, 13 <input type="checkbox"/> 2, 5, 8									
Location and Name of nearest RAWs (distance and direction from project):									
Weather Observations from project or nearby station (s):									
Place	Elevation	Time	Eye Level Winds		Temp		RH	Dewpoint	Remarks
			Direction	Speed	Dry	Wet			

Requested Forecast Period:	Primary Forecast Elements (Check all that are needed)	
Date:	For management ignited wildland fires, provide prescription parameters	
Start:	Sky/Weather	<input type="checkbox"/>
End:	Temperature	<input type="checkbox"/>
Forecast Needed For:	Humidity	<input type="checkbox"/>
<input type="checkbox"/> Today	20 ft. Wind	<input type="checkbox"/>
<input type="checkbox"/> Tonight	LAL	<input type="checkbox"/>
<input type="checkbox"/> Tomorrow	Haines Index	<input type="checkbox"/>
<input type="checkbox"/> Tomorrow Night	Smoke Dispersion	<input type="checkbox"/>

Spot Weather Forecast

Incident Name:					
Discussion Outlook:					
Burn Period:	Sky Cover	Temps	RH	20-foot Winds	Indices
<input type="checkbox"/> Today <input type="checkbox"/> This Afternoon <input type="checkbox"/> This Evening <input type="checkbox"/> Tonight	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	<hr/> F° <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	<hr/> % <input type="checkbox"/> Max <input type="checkbox"/> Min <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction <hr/> Speed <hr/> mph Gust <hr/> mph	Haines: LAL: Smoke:
<input type="checkbox"/> Today <input type="checkbox"/> This Afternoon <input type="checkbox"/> This Evening <input type="checkbox"/> Tonight	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	<hr/> F° <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	<hr/> % <input type="checkbox"/> Max <input type="checkbox"/> Min <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction <hr/> Speed <hr/> mph Gust <hr/> mph	Haines: LAL: Smoke
Outlook for (Date) <hr/>	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	<hr/> F° <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	<hr/> % <input type="checkbox"/> Max <input type="checkbox"/> Min <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction <hr/> Speed <hr/> mph Gust <hr/> mph	Haines: LAL: Smoke
Forecast Received by:			Date:	Time:	

Incident Status Summary (ICS-209)

1. Date	2. Time	3. <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Final		4. Incident Number	5. Incident Name	
6. Incident Kind		7. Start Date Time	8. Cause	9. Incident Commander		10. IMT Type
11. State-Unit	12. County	13. Coordinates at point of Origin (NAD83)		14. Short Location Description (in reference to nearest town)		
		Lat:				
		Long:				
Current Situation						
15. Size/Area Involved	16. % Contained or MMA	17. Expected Containment		18. Line to Build	19. Cost to Date	20. Declared Controlled
		Date Time				Date Time
21. Injuries this Reporting Period	22. Injuries to Date	23. Fatalities	24. Structure Information			
25. Threat to Human Life/Safety		Type of Structure		Threatened	Damaged	Destroyed
<input type="checkbox"/> Evacuation(s) in progress		Residence				
<input type="checkbox"/> No evacuation(s) imminent		Commercial Property				
<input type="checkbox"/> Potential future threat						
<input type="checkbox"/> No Likely Threat		Outbuilding/Other				
26. Communities/Critical Infrastructure Threatened in 12, 24, 48, and 72 hour time frames:						
12 hours:						
24 hours:						
48 hours:						
72 hours:						
27. Critical Resource Needs (kind and amount, in priority order)						
1						
2						
3						
28. Major problems and concerns (control problems, social/political/economic concerns or impacts, etc.) Relate critical resources needs identified above to the Incident Action Plan.						
29. Natural and Cultural Resources to be protected (kind(s) and value/significance)						
30. Current Weather Conditions						
Temperature		Wind Speed				
Relative Humidity		Wind Direction				
31. Fuels/Materials Involved (use the 13 FBFM and include additional fuels in the text box)						
32. Today's observed fire behavior:						
33. Significant events today (closures, evacuations, significant progress made, etc.):						

Incident Status Summary (ICS-209) Continued

Outlook

34. Estimated Control
Date and Time:

35. Projected Final
Size:

36. Estimated Final Cost

37. Actions planned for next operational period:

38. Projected incident movement/spread in 12, 24, 48, and 72 hour time frames:
12 hours:
24 hours:
48 hours:
72 hours:

39. For fire incidents describe resistance to control in terms of:

1. Growth potential:

2. Difficulty of terrain:

40. Given the current constraints, when will the chosen management strategy succeed?

41. Projected demobilization start date:

42. Remarks

43. Committed Resources

Agency	CRW1	CRW2	HEL1	HEL2	HEL3	ENGs	DOZR	WTDR	OVHD	TOTAL
BLM										
USFS										
NPS										
BIA										
ST										
LOCAL										
TOTAL										

44. Cooperating and Assisting Agencies Not Listed Above:

Approval Information

45. Prepared by:

46. Approved by:

47. Sent to:

By:

Date:

Time:

[illegible]

[illegible]

[illegible]

Logistics Help Page

Things to keep in mind:

- Place supply orders to dispatch by 1000 hours to receive orders later that operational period
- Place supply orders by 1600 hours to receive order the next operational shift
- When ordering a pump kit, consider ordering 2 just in case there is a problem with one
- Hot meals, dinners for that shift must be ordered by 1000 hours, meals for the next shift must be ordered by 1600 hours
- Will you need a fuel truck?
- When selecting a base camp/staging area, consider using private land as a last option. If that is the only option, have a land-use agreement in place before occupancy.
- Is base camp sufficient for the incoming resources and logistical support?

One Day Order Sheet

Item	Number of units needing item	Conversion Factor	Order this Amount	
			Qty	Unit
MRE's	/people	Divide by 3	cases	
Water	/people	Divide by .5	5 gallon cubie's	
AA Batteries	/radio	Divide by 2	boxes	
Breakfasts	/people	Add 2 to total	breakfast	
Lunches	/people	Add 2 to total	lunches	
Dinners	/people	Add 2 to total	dinners	
Porta-Potties	/people	Divide by 10	Porta - Potties	
Handwashing Stations	/porta - potties	Divide by 2	Hand wash Stations	
Gatorade	/people	Divide by 12	cases	
Unleaded Fuel	/saw run hours	Divide by 4	gallons	
Bar Oil	/gallons unleaded	Divide by 2	gallons	
2 Cycle Mix	/gallons unleaded	Multiply by 2.6 for 50:1 mix	ounces	

NOTES:

NOTES:

Incident After Action Review

Date:

Conducted By:

What was planned?

What actually happened?

Why did it happen?

What can we do next time?

Is there a need to file a
SAFENET/SAFECOM? (Circle)

Yes

No

x _____

(Appropriate Agency Reviewing Official)

Title

Date

Justification for Shifts in Excess of 16 Hours / 2:1

The following criteria has been determined to justify working shifts exceeding sixteen consecutive hours and/or the 2:1 work rest guidelines.

FIRE NAME

FIRE #

EMPLOYEES	
Name	Name

- _____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) was due to establishing initial control of the fire
- _____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) was due to dispatching manpower and resources during critical fire situation.
- _____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) was due to emergency rescue work.
- _____ Arduous travel. Travel on overtime necessary because suitable subsistence and lodging not available to remain until following day. (May be applicable when returning from fire.)
- _____ Travel time not administratively controllable. Required to return to home unit as quickly as possible and by the most expedient method because of fire situation. (May be applicable when returning from fire detail assignment.)
- _____ Other.

Incident Commander:

Duty Officer Concurrence:

Date:

Time:

Method of Contact

☐ Phone ☐ In Person